

PASRR

DESK

REFERENCE

Preadmission Screening and Resident Review (PASRR): WHAT IS IT?

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 - Screening Requirements
 - Screening Initiation
 - History
 - Responsibilities
- III. Types of Admissions
 - Hospital > New Nursing Home
 - Hospital > Same Nursing Home
 - Nursing Home > New Nursing Home
 - Private Pay > Medicaid
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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 DIVISION OF REGULATION & LICENSURE
 SECTION FOR LONG TERM CARE REGULATION
 CENTRAL OFFICE MEDICAL REVIEW UNIT
 P. O. BOX 570
 JEFFERSON CITY, MO 65102-0570

- | | |
|---|--|
| ● Ammanda Ott, Unit Supervisor
Nursing/Medical questions | 573-526-3632 |
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County liaison | 573-526-8609 or
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Level II's | 573-526-8592 |
| ● Jessie Howser, OSAKII
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To Fed Ex or Over Night Mail:

Department of Health and Senior Services
 Section for Long Term Care Regulation
 Central Office Medical Review Unit
 3418 Knipp Drive, Suite F
 Jefferson City, MO 65109

DEFINITIONS:

DMH	Department of Mental Health
FSD	Family Support Division
TITLE XIX	Medicaid
MI	Serious Mental Illness
MR	Mental Retardation
DD	Developmental Disability
COMRU	Central Office Medical Review Unit

Access the **DA124A/B and DA124C forms at www.dhss.mo.gov; choose "Applications & Forms."
 Forms may be completed on line, printed, signed and submitted to COMRU for processing.
 Carbons are no longer required.

You may "scan" and email your completed forms to COMRU@dhss.mo.gov.

WHO IS TO BE SCREENED?

- Any person for whom placement in a Medicaid title (XIX) certified **bed** is being sought. Private pay residents must be screened as well as those on Medicaid. This is referred to as a **Level I screening** (completion of the DA124C form).
- **Level II screening** is completed on those persons identified at Level I who are known or suspected to have a serious mental illness (schizophrenia, major depression, panic disorder, etc.), mental retardation (MR) or related MR condition to determine the need for specialized service (completion of the DA124A/B form).

WHY IS PASRR SCREENING REQUIRED?

- To assure appropriate placement of persons known or suspected of having a mental impairment(s) as defined in Section IV.
- To assure that the individual needs of mentally impaired persons can be and are being met in the appropriate placement environment.
- To be compliant with the OBRA '87/PASRR federal requirements, see 42CFR483.Subpart C. Web address: www.gpoaccess.gov/cfr/index.html.
- To assure Title XIX funds are expended appropriately and in accordance with Legislative intent.

WHEN IS SCREENING TO BE ACCOMPLISHED?

- Prior to admission to a Medicaid certified bed.

WHO INITIATES THE SCREENING?

- **Free standing Medical Hospitals**
 - **Mental Health Facilities/Psychiatric Hospitals/Regional Centers**
1. Initiates screening process upon or near the point of admission to the nursing facility or skilled nursing facility.
 - A. If no evidence of a mental impairment exists (serious mental illness or mental retardation/MR related condition (MI-MR)), complete only the DA124C and the person may be admitted to a Title XIX bed. Send the original DA124C to the nursing facility.
 - B. If a mental impairment exists or is suspected, complete the DA124 A/B and C. Submit original to the Department of Health and Senior Services, Division of Regulation and Licensure, COMRU, P.O. Box 570, Jefferson City, MO 65102 for Level II processing and admission notification.

2. Review DA124C carefully to determine the use of Special Admission Criteria (as defined in Section V).
3. Review DA124C to assure required signatures are in place in Sections E and F.
 - **Section E = Guardian/DPOA/Public Administrator**
 - **Section F = Physician – must include discipline and license number (if license number is unavailable please print physician's name below the signature)**

If no mental impairments are identified, admission to a Title XIX bed may be accomplished but DA124C must be provided to the facility. If you need further instructions or have questions, please contact the Section for Long Term Care Regulation, COMRU at 573-526-8609.

If mental impairment exists, admission is based on the outcome of the Level II screening.

WHO DETERMINED MISSOURI'S PASRR PROCESS?

- Following the guidelines set by Omnibus Budget Reconciliation Act 87' (OBRA), a broad group of Missouri citizens in conjunction with the Department of Mental Health, Department of Health and Senior Services, Department of Social Services (inclusive of Division of Legal Services, MOHealthNet Division, Family Support Division), Division of Regulation and Licensure, Missouri Health Care Association, Missouri Hospital Association, Missouri League of Nursing Home Administrators, Missouri Association of Homes for the Aging, Missouri Long Term Care Ombudsman, and other advocate groups.
- Centers for Medicaid/Medicare Services (CMS) Region 7 office approved the process including the use of DA124 forms.

WHAT IS THE NURSING FACILITY'S ROLE IN PASRR?

To comply with PASRR requirements:

1. Do not admit anyone to a Medicaid Title XIX certified bed before the screening being completed unless there is a valid special admission category marked. (See special admission categories).
 - A. Assure DA124 forms are completed and signed by the physician, including physician's discipline and license number, before admitting a resident.
 - B. Assure sufficient information is provided to render a valid decision.
 - C. Assure PASRR screening documents are presented upon accepting a resident for transfer.
 - D. Send a copy of the DA124C (DA124A/B if requested) with the medical record of residents transferring from your facility.

2. Facility must maintain a copy on file of the DA124C and Level II Screening Report for each resident until the resident is transferred.

WHO DOES NOT REQUIRE A DA124C TO BE COMPLETED BY YOUR FACILITY?

- Any resident who is to be placed in a state licensed only bed (non Medicaid participating)
- Any resident who is a direct transfer to your Medicaid bed from a Medicaid bed in another facility in Missouri (DA124C form and Level II Screening Report should accompany resident)
- Any resident being released from a hospital for placement in a Medicaid certified bed who occupied a Medicaid certified bed immediately prior to the hospital, e.g. XIX bed to hospital to XIX bed. Unless there has been a significant change in physical and/or mental status to warrant a change in resident's treatment needs triggering a Level II screening

NOTE: When a Preadmission Screening is indicated and is not performed prior to admission, the resident is found to be seriously mentally ill, mentally retarded or has an MR related condition, FFP (Federal Funded Participation) is available only for services furnished after the screening or review has been performed. (Unless a valid special admission category (SAC) is marked.)

HOSPITAL DISCHARGE - NEW NURSING HOME ADMISSION

- DA124 completion is required before placement in a nursing facility. The hospital discharge planner assures the DA124C is accurately completed, signed and dated by the physician. At the time the DA124C is completed the hospital may discharge and the nursing facility may admit the resident, *if* there is not a diagnosis of serious mental illness, mental retardation and/or related MR condition.
- If the applicant is private pay **without** mental health impairment as defined in Section I, the DA124C is transferred to the nursing facility along with other medical information and is to be kept in the active record.
- If the applicant is going to require Title XIX (Medicaid) assistance within six months of placement, the nursing facility will complete the DA124A/B attach the DA124C and submit the completed packet to COMRU for processing.
- If the applicant has a mental health diagnosis as defined in Section I, or is suspected to have such a diagnosis the applicant is **not** immediately admissible to the nursing facility, (unless a valid special admission category is marked). The hospital discharge planner will assure the DA124A/B and C forms are completed and submitted to COMRU for the Level II screening which will be completed under the authority of the Department of Mental Health (DMH).

- Referral to DMH is made for a Level II screening after a Level of Care (LOC) determination is made by the State Medical Consultant (SMC). A MI (mentally ill) referral is made to the contractors for DMH; MR/DD related conditions are made to the DMH Regional Center. Evaluations are accomplished in an average of seven to nine working days. DMH notifies COMRU of the Level II decisions and COMRU in turn sends an advisory notice of the Level II determination to the referring entity, the facility of proposed placement, the local Family Support Division office, the Regional Office and the applicant or his/her representative.
- A determination by DMH of no need for nursing facility services and a need for specialized services will be **denial of admission**. There will be **no payment** by Medicaid for services rendered prior to the date of the Level II determination.

Note: Special Admission Categories will be discussed elsewhere.

HOSPITAL DISCHARGE - RETURN TO NURSING HOME

A new DA124C is not required to return a resident to a nursing facility **if** the resident was admitted to the hospital from a Medicaid certified bed. The resident may be returned to the same facility or to a Medicaid certified bed in another facility. This process is predicated on the resident being returned from the hospital to the nursing facility in less than *sixty days*.

In the event of **significant change** in condition or behavior in mental/physical status the discharge planner will generate a new DA124C (only) that will be sent to the nursing facility with other pertinent information for review prior to readmission. ***If the significant change indicates a potential for danger to self or others, a Level II may be required before return to the nursing facility.**

After admission to the nursing facility the DA124C from the hospital designated “**Change of Status**” must be submitted to COMRU. This document will be referred to DMH for further evaluation. The Medicaid benefit will continue to be in effect pending the DMH determination for nursing facility and/or specialized service needs.

NURSING HOME DISCHARGE - NEW NURSING HOME

A resident discharged/transferred from a Medicaid certified bed in one nursing facility to a Medicaid certified bed in another nursing facility **does not** require a new DA124C to be completed.

The discharging/transferring nursing facility shall include a copy of the existing DA124C and Level II screening results if applicable (DA124A/B upon request) with the medical information to the receiving nursing facility.

The discharging/transferring nursing facility shall notify the local Family Support Division office of the residents transfer. **The nursing facility to which the resident is being transferred shall notify the FSD office in their county of the resident’s admission to their facility.** The receiving facility is responsible for assuring the DA124C and Level II screening results are included in the transfer packet. Should the DA124C **not** be included in the packet, admission

should not be completed. The DA124C and Level II screening results should be requested from the prior facility by the receiving facility.

NOTE: The responsibility for transferring information in the medical/PASRR records is covered in State Regulation - 19CSR 30-85.042 (106) and Federal Regulation - 42CFR 483.106 (b) (2) (C) (4) (ii).

Department of Health and Senior Services email address: www.dhss.mo.gov

Click on Senior Services

Click on Show-Me Long Term Care

PRIVATE PAY RESIDENT - MEDICAID RESIDENT

The PASRR regulations require *all residents* who enter a Medicaid certified bed to be screened before admission regardless of pay source. (Level I)

The resident who enters the certified bed as private pay (payment source other than Medicaid) must be prescreened (i.e. the DA124C in the active medical record). When/if the resident's resources approach statutory limits the DA124C used for admission is attached to the DA124A/B and submitted to COMRU for level of care determination.

The private pay resident identified with a mental health impairment (as defined in Section I) **MUST** undergo a Level II screening prior to admission to the nursing facility if they meet the criteria, i.e.; inpatient mental hospitalization, suicidal, homicidal.

- The completed DA124A/B and C forms are submitted to COMRU for evaluation and processing.
- A referral made to DMH for the Level II screening to determine the need for nursing facility services or specialized services.
- A decision of **NO** need for specialized services will allow the resident to be admitted if he/she requires nursing facility services.
- A decision of **NO** to nursing facility services is a denial of admission to a nursing facility.
- A decision of **YES** for specialized service needs may be a denial of admission to a nursing facility. (*Only in rare cases may a resident be admitted to a nursing facility*). The resident must be referred for alternate placement.

SECTION B OF DA124C

1. Does this person show any signs or symptoms of Major Mental Disorder?

☐ No

☐ Yes List Here _____

Go to next question.

2. Has this person ever been diagnosed as having a Major Mental Disorder?

Use **Guide #3** on back of DA124C form.

☐ No

☐ Yes Dx _____

Go to next question.

3. Is the *primary* reason for Nursing Facility placement due to Dementia, including Alzheimer Disease or Related Disorder? Use **Guide #4** on back of DA124C.

☐ No - **If NO go to next question**

☐ Yes - **If YES, give DX and skip to Section C, #1 and #2**

4. Has the person had serious problems in level(s) of functioning in the last six months?

Use **Guide #5** on back of DA124C form.

☐ No

☐ Yes

Go to next question.

5. Has the person received intensive psychiatric treatment in the past two years?

Use **Guide #6** on back of DA124C form.

☐ No

☐ Yes

Go to Section C.

SIGNS AND SYMPTOMS WHICH MAY SUGGEST A MAJOR MENTAL ILLNESS IN LONG TERM CARE FACILITIES

Question #1

The signs and symptoms listed below can be the result of a variety of reasons. Major mental disorder is only one cause.

Psychotic, mood, and anxiety symptoms are sometimes etiologically related to a general medical condition through a physiological mechanism. Medical conditions such as stroke, Parkinson's disease, hypothyroidism, electrolyte imbalance, multiple sclerosis, poor nutrition, cancer, etc., can cause delirium, dementia, depression, psychotic disorders, personality changes and other symptoms that appear to be a major mental disorder.

Symptoms listed below may also be associated with substance-related disorders that include disorders related to drug abuse (including alcohol), to the side effects of medication and to toxin exposure.

On DA124C form, Section B, **Question #1** please list all signs and symptoms that suggest mental illness regardless of cause. The following is not an all-inclusive list:

Confusion	Agitation	Crying spells
Irritability	Withdrawal	Pacing
Demanding Behavior	Wandering	Delusional
Disorientation	Memory deficit	Depression
Insomnia	Loneliness	Assault
Hallucinations	Weight loss	Hopelessness
Suicidal ideation/gestures	Cognitive deficits	Suspiciousness

MAJOR MENTAL DISORDER

DA124C form, Section B, **Question #2**

Diagnostic categories from the DSM IV that are considered major mental disorders for PASRR include the following:

Schizophrenia	Panic Disorder	Schizoaffective Disorder
Severe Anxiety Disorder	Delusional Disorder	Somatoform Disorder
Major Depressive Disorder	Personality Disorder	Bipolar Disorder
Anorexia Nervosa		

See Guide #3 on the back of the DA124C form.

TYPES OF DEMENTIA

Question #3

Dementia of the Alzheimer's Type*

With Early Onset: If onset is at age 65 years or below

- 290.11 With Delirium
- 290.12 With Delusions
- 290.13 With Depressed Mood
- 290.10 Un-complicated

With Late Onset: If onset is after age 65 years

- 290.3 With Delirium
- 290.20 With Delusions
- 290.21 With Depressed Mood
- 290.0 Un-complicated

Vascular Dementia (formerly Multi-Infarct Dementia)*

- 290.41 With Delirium
- 290.42 With Delusions
- 290.43 With Depressed Mood
- 290.40 Un-complicated

*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994. (You must list diagnosis – not codes).

There are other dementias due to general medical conditions such as HIV disease, head trauma, Parkinson's, Huntington's, Pick's disease, brain tumors, multiple sclerosis, endocrine conditions, nutritional conditions, etc. (You must identify the general medical condition on Question #3.)

Certain criteria must be met to support a diagnosis of dementia or psychiatric disorders due to general medical conditions (related disorders). Please consult with the individual's physician, a mental health professional, your local Community Mental Health Center or psychiatric facility for questions regarding dementia or related disorders. The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) contains detailed information concerning definitions and criteria for mental disorders.

For Level I screening purposes, the individual must have a documented and/or substantiated diagnosis of dementia or related disorder and it must be the primary or principle reason for admission or continued stay in a Title XIX certified bed. If in doubt, please answer No to Question #3.

See Guide #4 on the DA124C form.

LEVEL OF FUNCTIONING

Question #4

Federal Register 42 CFR 483.102

The mental disorder results in functional limitations in major life activities within the past three to six months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

INTERPERSONAL FUNCTIONING: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

CONCENTRATION, PERSISTENCE and PACE: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

ADAPTATION TO CHANGE: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family or social interaction, manifests agitation, exacerbated signs and symptoms associated with the mental illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

See Guide #5 on the DA124C form.

DEFINITION AND EXAMPLES - SUPPORTIVE MENTAL HEALTH SERVICES

Question #5

Supportive services are any **intensive mental health services** (*and/or inpatient psychiatric hospitalization*) provided by the mental health professionals that are required to stabilize or maintain a person experiencing mental illness. These services are used to intervene in an episode of significant disruption to the normal living situation in order to maintain the individual in their current residence or another residential setting.

Examples of supportive services include crisis stabilization, residence in an RCF-MI, use of restraints, PRN medications to control the behavior greater than one time a month, and special psychiatric/psychological consultation.

Supportive services are **not** merely routine anti-psychotic medication changes or checks by mental health care professionals, weekly counseling sessions, monthly visits by mental health professionals or outpatient care.

See Guide #6 on the DA124C form.

SECTION C OF DA124C

1. Is the person known or suspected to have Mental Retardation that originated **prior to age 18?**

- ☐ No
☐ Yes – DX _____

Go to next question.

2. Is the person known or suspected to have a related condition? **YOU MUST USE GUIDE #7 ON BACK OF DA124C.**

- ☐ No
☐ Yes – DX _____

Examples of diagnoses that may qualify as related condition if **all criteria “a” through “d”** on Guide #7 are met:

- Cerebral Palsy
- Epilepsy
- Head or Spinal Cord injury
- Autism
- Severe Hearing and Visual impairment
- Multiple Sclerosis
- Spina Bifida
- Muscular Dystrophy
- Orthopedic impairment

SPECIAL ADMISSION CATEGORIES

DA124C – Section D - Special admission categories are for applicants who have a serious mental illness, mental retardation or a related condition.

If the Level I screening indicates a mental health impairment as defined in Section I the applicant may be admitted to the nursing facility prior to the Level II decision being completed in the following instances: (see DA124C form, Guide #8)

- A. The applicant has been determined by a physician to be **TERMINALLY ILL** (death is expected to occur in six (6) months or less). The DA124A/B and C are required to be completed, however the Level II process does not delay admission to the nursing facility. The Level II screening will be initiated after the resident has been admitted to the Medicaid bed.
- B. The applicant has been determined to have a ***VALID SERIOUS PHYSICAL ILLNESS** (the severity of the illness would preclude the resident from participating in or benefiting from a program of specialized services). The DA124A/B and C are required to be completed, however the Level II process does not delay admission to the nursing facility. The Level II screening will be initiated after the resident has been admitted to the Medicaid bed.

* VALID = review criteria on back of the DA124C form, guide #8 (2).

Please note that the Level II screening will determine the continued occupancy of the Medicaid bed.

The following may require further mental health screening:

- C. **RESPIRE CARE**: This type of admission is limited to 30 days per nursing facility stay with a total of 42 calendar days per year. *The purpose of this admission is to relieve the primary in-home caregivers with whom the person resides.* The DA124A/B and C are required to be completed and submitted to COMRU, however a Level II screening is not required if the resident's stay in the Medicaid bed ***does not exceed thirty days***. If an admission of more than 30 days is required the nursing facility **MUST** notify COMRU of the continued stay at least seven to nine working days prior to the end of the thirty days. COMRU will refer forms to DMH for a Level II screening to determine continued stay. If COMRU is not notified, payment will stop at the end of 30 days and will not begin again until Level II is completed.
- D. **EMERGENCY PROVISIONAL ADMISSION**: This type of admission requires prior approval by DHSS/COMRU before entry to the Medicaid bed. *The purpose of this admission is for the protection of a person from serious physical harm to self or others.* The DA124A/B and C are required to be completed and submitted to COMRU, however if the resident is discharged within the seven days a Level II screening is not required. The nursing facility will notify COMRU of the resident's status. If the resident needs to remain in the nursing facility beyond the seven days

COMRU will refer forms to DMH for a Level II screening. An emergency admission must be hot lined at 1-800-392-0210.

- E. **DIRECT TRANSFER FROM A HOSPITAL:** This type of admission is based on the physician's certification that the resident will require thirty days or less of nursing facility services. The DA124A/B and C are required to be submitted to COMRU, however the Level II screening will be initiated only if the resident's stay *exceeds thirty days*. If the resident is discharged prior to the expiration of the thirty-day admission, the nursing facility will notify COMRU and no further action is required by the nursing facility. If the resident will need to remain in the Medicaid bed beyond the thirty days, nursing facility will notify COMRU seven to nine working days prior to the end of the thirty days, COMRU will refer to DMH to initiate a Level II screening.

***Note: If resident has been discharged and/or expired please note the date beside the Special Admission category.**

ASSESSED NEEDS This information is intended as an overview of level of care points (related to DA124A/B, Section B, #16). Refer to Long Term Care Facility Licensure Law Rules, 19 CSR 30-81.030 (K) for complete definitions. (K) Points will be assigned to each category, as stated in subsection (4)(B) of this rule, in multiples of three according to the following guide.

1. Mobility Defined as individual's ability to move from place to place.
0=No assist required; independent; may include assistive device (i.e., cane, wheelchair, walker)
3=Minimum assist required; assist with transfer, periodical assist
6=Moderate assist required; mobile only with direct assist
9=Maximum assist required; total dependence, unable to ambulate
2. Dietary Defined as individual's nutritional requirements and need for assist or supervision with meals.
0=No assist required; minimum or modified diet
3=Minimum assist required; meal supervision, set up tray, cut food, calculate diet, cueing
6=Moderate assist required; constant supervision, feed, calculate diet for unstable conditions
9=Maximum assist required; extensive assist for special dietary needs, tube feeding, IV fluids
3. Restorative Defined as specialized services provided to help an individual obtain/maintain optimal function potential – may include individual teaching program (self transfer, self administer meds, self care); ROM, B & B program, re-motivational therapy, reality orientation, patient/family program and individualized activity program.
0=No restorative (ROM, B&B, RO, Activity)
3=Minimum identified services required to maintain level of function
6=Moderate identified services required to restore to higher level of function
9=Maximum identified assist required to restore to higher level of function, intensive services by professional staff
4. Monitoring Defined as observation and assessment of individual's physical/mental condition. May include routine lab work, clinic test and accu-check intake and output, weights and other routine procedures.
0=Requires only routine monitoring such as temperatures, weights, B/P and routine supervision
3=Minimum services required; periodic, mental impairment, routine procedures, stable condition
6=Moderate services required; unstable physical/mental condition
9=Maximum services required; intensive by professional, unstable physical/mental condition
5. Medication Defined as the drug regimen of all physician-ordered legend drugs, and any physician ordered non-legend drug for which physician has ordered monitoring due to complexity of drug or condition of individual.
0=No meds or PRN
3=Regular scheduled meds; stable condition
6=Moderate supervision required; regular meds requiring daily monitoring by professional
9=Maximum supervision required; regular meds, complex drug regime by professional, unstable condition
6. Behavioral Defined as individual's social or mental activities.
0=Little or no behavioral assist; alert and oriented
3=Minimum behavioral assist required; in the form of supervision/guidance
6=Moderate behavioral assist required; supervision due to disorientation, uncooperative behavior, mental or developmental disabilities
9=Maximum behavioral assist required due to bizarre abusive behavior, incapable of self direction
7. Treatments Defined as a systematized course of nursing procedures ordered by attending physician.
0=No treatment ordered
3=Minimum treatment ordered; non-routine and preventive treatment (whirlpool, etc.)
6=Moderate treatment ordered; daily attention by professional (maxi mist, dressings, PRN 02, suction, catheter, decubitis)
9=Maximum treatment ordered; extensive, direct supervision by professional (trach suction, draining lesions, supra pubic catheter, 02, ostomy, ulcers)
8. Personal Care Defined as activities of daily living, including hygiene; personal grooming (dressing, bathing oral hygiene, hair and nail care, shaving); and bowel and bladder functions. Points based on amount of assist required and degree of assist involved in activity.
0=No assist
3=Minimum assist with grooming, infrequent incontinence
6=Moderate assist required; close supervision, frequent incontinence
9=Maximum assist required; total care
9. Rehabilitation Defined as restoration of former or normal state of health through medically ordered therapeutic services either directly provided by or under the supervision of a qualified professional, may include PT, OT, ST, and audiology. Points determined by intensity of required services and individual's potential for rehab.
0=No PT, OT, ST
3=Minimum, 1 x weekly
6=Moderate; 2 – 3 x weekly
9=Maximum; 4 x weekly

QUESTIONS AND ANSWERS

(To accompany DA-124A/B & C forms)

1. Q: For the date of admission, do I put the actual date of admission or the date they were eligible for Medicaid?
A: Always put the date of admission to the facility.
2. Q: Should all forms be dated on the day of admission?
A: No, the DA124A/B & C forms should be dated the day they are completed and signed.
3. Q: The legal guardian lives out of state and it will take several days to receive their signature on the DA124C. What can I do to expedite?
A: You may obtain verbal permission by phone, make notation of such on DA124C form, and have two people witness and date OR have the guardian fax their signature.
4. Q: Where do I get the DA124A/B and C blank forms?
A: www.dhss.mo.gov - click on "Applications & Forms" – forms completed on-line, printed, signed and submitted to COMRU.
5. Q: On the DA124A/B form, who should sign?
A: The person who completes the information – Director of Nursing, Social Worker, etc.
6. Q: Is it okay to send additional information?
A: Yes; you may attach a continuance letter, History and Physical, or other information beneficial for determining level of care.
7. Q: COMRU has given a resident a "NONE" level of care. What do I do now?
A: If you feel the resident requires nursing facility level of care review your DA124A/B form. Did you leave off pertinent information? If so, complete a NEW DA124A/B form with a cover letter requesting COMRU to re-evaluate the additional information.
8. Q: A resident discharges to home but is unable to stay and needs readmission. Do I complete new DA124A/B and C forms?
A: **If a person is out of a facility less than 60 days** no new forms are required. Notify your local FSD office of the client's readmission.
9. Q: Do out-of-state residents need to be screened before they can enter a Missouri nursing facility?
A: Yes. The receiving facility may supply the sending facility with the necessary DA124C form to complete the Level I Screening. If a Level II Screening is indicated, the DA124A/B form must also be completed. If a Level II screening was completed by the submitting state, a copy should accompany the forms to the receiving facility. The receiving facility may contact COMRU (573-526-8609) for assistance. **NOTE:** Missouri does not recognize another state's Level II Screening outcome but requires a copy nonetheless.
10. Q: Do patients of long term-care beds in hospital settings have to be screened?
A: Yes, if the beds are in a skilled unit and certified by Medicaid.
11. Q: What are the consequences of refusal of an applicant to participate in the Preadmission Screening Process?
A: He/she will have to find placement in a setting other than a Medicaid certified bed.
12. Q: If a person is considering more than one certified nursing facility, must multiple DA124 forms be completed?
A: No. One set of DA124 forms will suffice, no matter which facility is chosen.

13. Q: Does the Preadmission Screening process apply to DMH clients who are applying for admission to a Medicaid Bed?
A: Yes. Being A DMH client does not exempt a person from the Level II Screening. The same process applies (see DA124A/B, Guide #2, Section A, #1 and #2).
14. Q: What if the facility has a contract with DMH?
A: They must follow the same routine.
15. Q: Will a rubber stamped signature for the physician be accepted?
A: No. Only original signatures are acceptable.
16. Q: Who will pay for the Level II Screening?
A: The state of Missouri.
17. Q: Can the nursing facility or hospital initiate the Level II Screening by contacting the Level II reviewer directly?
A: No. ALL referrals must come through COMRU as outlined in Guide #2, Section A, #1 and #2 on the back of the DA124A/B form.
18. Q: Can my local Division of Regulation and Licensure office assist me in implementing the Preadmission Screening process?
A: All referrals must be made through COMRU without exception. See Guide #2, Section A, #1 and #2 for details.
19. Q: Does the state of Missouri have an age limit for admitting a person into a Medicaid bed within a skilled/intermediate nursing facility?
A: Yes. The person must be 17 years old. If not the following "Exception" guidelines must be applied: The nursing facility where the person will reside must write a letter to the Administrator, Section for Long Term Care Regulation, to request an exception be made for placement of a person less than 17 years old, give the person's name, reason for request, length of expected stay, name the special needs the person may have and explain how you are going to meet those needs. The facility is still required to submit DA124A/B and C forms. PASRR requirements must be met if the stay will exceed 30 days. Mail according to Guide #2, Section A, #1. The Division of Regulation and Licensure will contact the nursing facility with an answer as soon as the Exceptions Committee meets regarding the request.
20. Q: I mailed the original DA124A/B and C forms but COMRU says they never received them. What do I do now?
A: Always keep a photocopy of your originals. Make a legible copy of your copy and resubmit along with a note of explanation. If you did not keep a legible copy, you must complete and submit a new set of DA124A/B and DA124C forms.
21. Q: My local FSD county office has requested a new set of DA124A/B and C forms even though I sent them to COMRU when the person was admitted. Do I comply?
A: Yes. Complete and submit a new DA124A/B form and attach a copy of the admitting DA124C form.
22. Q: Will I receive notice when COMRU has finished processing the DA124 forms? How will I know they have been released to FSD for payment?
A: COMRU mails a computer printout every TWO weeks to all nursing facilities, whose forms were processed during that time. It lists the names of residents and shows the level of care the State Medical Consultant has assigned. This printout is your notification. FSD will obtain their information on line.